

JC20 Rec'd PCT/PTO 11 MAY 2005

Application Data Sheet**Application Information**

Application Number::

Filing Date::

Application Type::

US National Phase

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

Title::

**METHOD FOR VERIFYING ANTI-SCRAMBLING
EFFICIENCY OF A COMMUNICATION SYSTEM**

Attorney Docket Number::

4590-396

Request for Early Publication::

Request for Non-Publication::

Suggested Drawing Figure::

7

Total Drawing Sheets::

4**Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

France

Status::

Given Name::

Pascal

Middle Name::

Family Name::

CHEVALIER

Name Suffix::

City of Residence::

Courbevoie

State or Province of Residence::

Country of Residence::

France

Street of Mailing Address::

4, rue Edith Cavell

City of Mailing Address::

Edith Cavell

Postal or Zip Code::

92400

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **France**
Status::
Given Name:: **Béatrice**
Middle Name::
Family Name:: **COL**
Name Suffix::
City of Residence:: **Decatur**
State or Province of Residence:: **GA**
Country of Residence:: **USA**
Street of Mailing Address:: **341 Glendale Avenue**
City of Mailing Address:: **Decatur**
Postal or Zip Code:: **30030**

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: **France**
Status::
Given Name:: **Frédérique**
Middle Name::
Family Name:: **LASNIER**
Name Suffix::
City of Residence:: **Paris**
State or Province of Residence:: **GA**
Country of Residence:: **France**
Street of Mailing Address:: **16, Impasse Bureau**
City of Mailing Address:: **Paris**
Postal or Zip Code:: **75011**

Correspondence Information

Correspondence Customer No:: **33308**
Phone Number:: **(703) 684-1111**
Fax Number:: **(703) 518-5499**

E-Mail Address::

Representative Information

Representative Customer Number::

Representative Designation:: Registration Number:: Representative Name::

Primary or Associate

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FR	0214685	November 22, 2002	Yes
	PCT/FR2003/003451	November 21, 2003	Yes

Assignee Information

Assignee Name:: **THALES**
Street of Mailing Address:: **45, rue de Villiers**
City of Mailing Address:: **Neuilly Sur Seine**
State of Mailing Address::
Country of Mailing Address:: **France**
Postal or Zip Code:: **92200**